

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
FOR USE WITH FORM PTO-875.

SERIAL NO	FILING DATE
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APPLICANT'S

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2		1		
3				
4		1		
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50				
TOTAL IND.	1		1	
TOTAL DEP.	1	1	1	1
TOTAL CLAIMS	1	1	1	1

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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